

**NEWTON PARKS AND RECREATION DEPARTMENT**  
**Kids Korner Summer Program**  
**REGISTRATION - 2014**

Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent(s) \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

Is your child requiring medication that needs or may need to be administered at Camp? ☐ YES ☐ NO

(This includes inhalers and Epi-pens)

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**DATES** (check weeks you wish to attend)

Week One: June 30 – July 3	_____	Week Five: July 28 - August 1	_____
Week Two: July 7 - July 11	_____	Week Six: August 4 - August 8	_____
Week Three: July 14 - July 18	_____	Week Seven: August 11 - August 15	_____
Week Four: July 21 - July 25	_____		

**Hours** (circle one of three)

**Half Day** 8:30 - Noon **Full Day** 8:30 - 2:00 **Ext. Day** 8:30 - 3:00

**TUITION** – Fees listed are per child per week. Non Residents may register starting March 1, 2014

**Resident:** **Half Day:** \$180/week **Full Day:** \$210/week **Extended Day:** \$225/week

**Non-Resident:** **Half Day:** \$190/week **Full Day:** \$220/week **Extended Day:** \$235/week

**Week 1 is \$60 less (\$145 for Standard Day; \$170 for Full Day; \$100 Till 3:00). No camp July 4<sup>th</sup>.**

A \$25.00 late fee will be assessed for any registrations, paperwork or payments received after May 15, 2014.

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**TOTALS**

**Cost per Week x \_\_\_\_\_ Weeks** \$ \_\_\_\_\_  
 Plus Late Fee if applicable

**Deposit due with Registration (\$30.00 per week)** \$ \_\_\_\_\_

*A \$30.00 non refundable deposit is due **per week** with the registration and will be deducted from the total due.*

**Balance Due by 5/15/14:** \$ \_\_\_\_\_

Please fill out both sides of this form and return it with payment (checks made payable to City of Newton) to:  
 Newton Parks and Recreation \* Attn: Stephanie Lapham \* 124 Vernon St \* Newton, MA 02458

**Credit Card Payment Form**

Payment may also be made by Credit Card (Master Card or Visa). If you wish to pay by Credit Card, please fill out the information below.

Last Name	First Name	Home Phone	Work Phone
Street	City	State	Zip Code
Credit Card #	Expiration Date	Auth. Amount	

**SEE REVERSE SIDE**

# Newton Parks and Recreation Department Kids Korner Summer Program

## Medical Release Form - 2014

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child \_\_\_\_\_. However, if I cannot be reached, I hereby authorize the Kids Korner Summer Program to transport my child to the Newton Wellesley Hospital, or \_\_\_\_\_ Hospital via Emergency Vehicle, and to secure for my child the necessary medical treatment. I understand that designated staff members at the Kids Korner Summer Program are trained in the basics of First Aid and Cardio-Pulmonary Resuscitation, and I authorize them to administer immediate First Aid to my child when appropriate.

\_\_\_\_\_  
*Signature of Parent(s)/Guardian(s)*

\_\_\_\_\_  
*Date*

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### Parental Consent Release Form Liability and Indemnity For Participation In The Newton Parks And Recreation Department's Kids Korner Summer Program

I/We, the undersigned father and mother, or guardian(s) of \_\_\_\_\_, a minor, do hereby consent to his/her participation in, and field trips with the Kids Korner Summer Program. I/WE forever RELEASE, acquit, discharge and covenant to hold harmless the City of Newton, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants and agents, of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which I/WE may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, either before or after his/her participation in, and field trips with, the Kids Korner Summer Program. FURTHERMORE, I/WE hereby agree to protect the City of Newton and its successors, departments, officers, employees, servants and agents against any and all claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in, and field trips with, the said Kids Korner Summer Program and to INDEMNIFY, reimburse or make good to the City of Newton or its successors, departments, officers, employees, servants and agents any loss or damage or cost, including attorney's fees, the City of Newton or its representatives may have to pay if any litigations arise from said minor's participation in and field trips with, the said Kids Korner Summer Program.

\_\_\_\_\_  
*Signature of Parent(s)/Guardian(s)*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

**THIS FORM MAY NOT BE ALTERED**

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## Kids Korner Summer Program - PHOTO RELEASE

I/WE, the parent(s) or guardian(s) of \_\_\_\_\_ do hereby grant permission for pictures to be taken of my child for the purpose of publicity for the Kids Korner Summer Program. I understand that photo's may be published in local papers or in future brochures for the Newton Parks and Recreation Department and the Kids Korner Summer Program.

\_\_\_\_\_  
*Signature of Parent(s)/Guardian(s)*

\_\_\_\_\_  
*Date*